



## CITY OF SANTA CLARA



**City of  
Santa Clara**  
The Center of What's Possible

### SECTION 1: PROJECT AND APPLICANT SUMMARY

A. PROJECT TITLE: \_\_\_\_\_

B. PROJECT STATEMENT (short description stating location, clients to be served and services to be rendered):

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**DO NOT ATTACH ADDITIONAL SHEETS**

C. FUNDING REQUEST: \$ \_\_\_\_\_

D. SPONSORING ORGANIZATION

LEGAL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

TELEPHONE (W/AREA CODE): \_\_\_\_\_ FAX (W/AREA CODE): \_\_\_\_\_

DUNS NUMBER: \_\_\_\_\_ [See Attachment III of the Instructions](#)

E. CONTACT PERSON (PROJECT MANAGER):

NAME: \_\_\_\_\_ TELEPHONE W/AREA CODE: \_\_\_\_\_

TITLE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

## SECTION 2: PROJECT INFORMATION

### A. Consistency with City's Consolidated Plan Objectives

Check which Consolidated Plan Objective(s) that the Project will address.

- \_\_\_\_\_ **Goal #1:** Support affordable housing for low income and special needs households.  
Includes funding affordable developments, rent subsidies, rehabilitation of single and multi-family housing.
- \_\_\_\_\_ **Goal #2:** Support activities to end homelessness including rental assistance, homeless prevention programs, case management, outreach activities and support of facilities.
- \_\_\_\_\_ **Goal #3:** Support activities that provide basic needs to lower income households and special needs populations.
- \_\_\_\_\_ **Goal #4:** Promote Fair Housing choice through funding informational and investigative services for tenants and landlords.
- \_\_\_\_\_ **Goal #5:** Support economic development programs and activities that strengthen neighborhoods.
- \_\_\_\_\_ **Goal #6:** Improve accessibility for persons with physical disabilities by identifying and repairing intersections for accessibility, mostly through curb cuts.

### B. HUD Performance Measures

Check one HUD objective and one HUD outcome that will be addressed by the Project.

#### Objectives

##### **Objective #1: Creates a suitable living environment.**

- \_\_\_\_\_ This objective includes projects that are designed to improve existing infrastructure, public facilities and public services available to individuals or families in the City of Santa Clara.

##### **Objective #2: Provides decent housing.**

- \_\_\_\_\_ This objective includes housing projects whose purpose is to create or maintain affordable housing for individuals or families in the City of Santa Clara.

##### **Objective #3: Creates economic opportunity.**

- \_\_\_\_\_ This objective includes projects involving economic development, commercial revitalization or job creation in the City of Santa Clara.

#### Outcomes

##### **Outcome #1: Improve availability/accessibility.**

- \_\_\_\_\_ This category includes projects that make services, infrastructure, public facilities, housing, or shelters available or accessible to low/moderate income people in their community, including persons with disabilities. In this category, accessibility does not apply only to physical barriers.

##### **Outcome #2: Improve affordability.**

- \_\_\_\_\_ This category applies to activities that provide affordability in a variety of ways in the lives of low/moderate income people. It can include the creation or maintenance of affordable housing, basic infrastructure connections, or services such as transportation or food assistance.

##### **Outcome #3: Improve sustainability.**

- \_\_\_\_\_ This category applies to projects aimed at improving communities or neighborhoods, helping to make them more livable by providing benefit to low/moderate income persons, by improving their economic opportunity or by removing or eliminating slums or blighted areas.

PROJECT TITLE: \_\_\_\_\_

### C. Project Overview and Narrative

Attach additional sheets to respond. Answers to individual questions should be no longer than one page.

1. Describe the need(s) that the proposed Project addresses, its community impact, and how it addresses an objective or priority identified in the City of Santa Clara's Consolidated Plan for 2015-2020.  
Available upon request.
2. Describe the Project's target population, including client eligibility requirements. Discuss how and if they are an at-risk and/or under-served population.  
If any fees or other costs are charged to clients, attach a Fee Schedule.
3. What direct benefits will be rendered by the Project, and how and where will they be measured and delivered? Include a description of your agency's experience in providing the proposed benefits.  
Submit brochures, flyers describing Project.
4. What other private or government organizations are now or will be addressing the same needs identified herein? List and describe the services provided by each in relation to the needs addressed. Explain how the proposed Project augments rather than duplicates the services of others. Describe how your organization collaborates with other providers.
5. What is your organization's written policy and/or established process for assuring access to services and benefits for persons with disabilities and/or Limited English Proficiency?  
Attach written policy if available or narrative of how access will be provided for persons with disabilities or limited English.

## SECTION 3: TARGET POPULATION AND PROJECT BENEFICIARIES

### A. Check which description applies to the proposed Project.

- \_\_\_\_\_ The Project was underway in FY 2014-15 and the number of beneficiaries is actual from that year.  
Circle "Actual"
- \_\_\_\_\_ The Project began in FY 2015-16 and the number of beneficiaries is the current year projected number. Circle "Projected"
- \_\_\_\_\_ The Project will be new in FY 2016-17 and the number of beneficiaries is an estimated figure.  
Explain the basis for your estimate:

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### B. Based on the description checked above, state the number of unduplicated clients previously served (if applicable) and the proposed number to be served in FY 2016-17. City Clients refers to beneficiaries who reside in the City of Santa Clara. Total Project Clients refers to all beneficiaries, regardless of residence, who benefit from the Project. For housing projects to be located in the City of Santa Clara, City and Project Clients are the same.

City Clients: \_\_\_\_\_

Total Project Clients: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

C. Demographic Profile of Beneficiaries of the Project

	Projected or Actual		2016-2017 Proposed			Projected or Actual		2016-2017 Proposed	
	City	Total	City	Total		City	Total	City	Total
<b>HOUSEHOLD INCOME*</b>					<b>BENEFICIARY RACE/ETHNICITY</b>				
Extremely Low Income (0%-30% AMI)					White/ Caucasian				
Very Low Income (31%-50% AMI)					Black/ African-American				
Low Income (51%-80% AMI)					American Indian/ Alaska Native				
Medium Income (81%-120% AMI)					Hawaiian/ Pacific Islander				
Above Medium Income (120%+ AMI)					Asian				
					Hispanic**				
<b>BENEFICIARY AGE</b>					<b>MISCELLANEOUS</b>				
Youth (0-18 years)					Disabled Persons				
Adults (19-59 years)					Female Head				
Seniors (60+ years)					Of Household				

\* See Attachment I of the Instructions for explanation of income levels. AMI – Area Median Income, as defined by HUD.

\*\* HUD requires that persons of Hispanic ethnicity also be identified by one of the five races above.

Explain how your agency collects income and race/ethnicity data.

Attach a copy of your Client Intake Form.

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PROJECT TITLE: \_\_\_\_\_

#### SECTION 4: FINANCIAL AND OTHER ORGANIZATION INFORMATION

##### A. Agency Information

Is your organization incorporated under the laws of the State of California? (y/n) \_\_\_\_\_

If yes, attach a copy of your Articles of Incorporation (with amendments) and current By-Laws.

Non-profit with 501(c) Status (y/n): \_\_\_\_\_ Faith-based organization (y/n): \_\_\_\_\_

Attach documentation of Internal Revenue Service Non-Profit Status under Title 26, Section 501(c) of the federal code AND documentation of State of California Franchise Tax Board exempt status under Section 23701d of the State Revenue and Taxation Code.

Has your organization been certified by any HOME jurisdiction as a Community Housing Development Organization (CHDO) under the HOME Program? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

If no or not sure, are you willing to meet the qualifications to be certified as a CHDO, as set forth in the HOME regulations, 24 CFR Part 92? (y/n): \_\_\_\_\_

See Attachment IV of the Instructions for a description of CHDO qualifications

Has your organization been certified by any CDBG jurisdiction as a Community Based Development Organization (CBDO) under the CDBG Program? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

If no or not sure, are you willing to meet the qualifications to be certified as a CBDO, as set forth in the CDBG regulations, 24 CFR Part 570.204? (y/n): \_\_\_\_\_

See Attachment V of the Instructions for a description of CBDO qualifications

##### B. Total Organization Budget

	2016-2017 PROPOSED	2015-2016 PROJECTED	2014-2015 ACTUAL
Administration			
Fundraising			
Proposed Project (Total budget for all cities)			
All Other Programs			
<b>TOTAL AGENCY BUDGET</b>			

##### C. Total Project Budget for All Cities

PROJECT EXPENSES	2016-2017 PROPOSED	2015-2016 PROJECTED	2014-2015 ACTUAL
City of Santa Clara Portion			
All Other Cities			
<b>TOTAL PROJECT BUDGET</b>			

PROJECT TITLE: \_\_\_\_\_

**D. Total Project Revenues for All Cities**

- List all public cash revenue sources and amounts on a separate sheet.
- List all specific private cash revenue sources and amounts on a separate sheet. If specific sources have not been identified, use generic terms such as “individual donations” or “foundation grants.”
- Under “Date 2016-17 S/B Known”, enter the expected date notice regarding funding request should be provided.
- For Capital Improvement Projects, use the “2016-17 Proposed” column for funding that has or will be applied for, and the “2015-2016 Received” column for funding that has already been granted.

REVENUE SOURCE	2016-2017 PROPOSED	2015-2016 RECEIVED	DATE 2016-17 S/B KNOWN
<i>City of Santa Clara</i>			
Other Public Sources – from attached sheet			
Private Sources – from attached sheet			
<b>TOTAL PROJECT REVENUES</b>			

1. Does your organization charge fees for services that are provided by the Project? (y/n) \_\_\_\_\_  
If yes, attach a Fee Schedule.
2. Is your organization leveraging the requested City funds with other funds? (y/n) \_\_\_\_\_  
If no, explain why on an additional sheet.
3. Has your organization completed an independent audit for FY 2014-15? (y/n) \_\_\_\_\_  
If yes, attach a copy of the audit. If no, attach a financial statement, certified by your organization’s Board Treasurer or Chief Executive Officer.
4. Was your organization required to file a federal single audit in FY 2014-15? (y/n) \_\_\_\_\_  
If yes, attach a copy of the audit.
5. Has your organization ever had funds withdrawn or a contract terminated for cause, unsatisfactory performance, or questionable costs on any financial statement or audit? (y/n) \_\_\_\_\_  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Are the revenues of your organization greater than \$25 million per year? (y/n) \_\_\_\_\_  
Does your organization receive 80% or more of its annual gross revenues from federal awards? (y/n) \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

**E. Current and Proposed Staff**

Project includes all jurisdictions in which proposed project operates

	FY 2016-17 PROPOSED			FY 2015-16 ACTUAL	
EMPLOYEE CATEGORY	AGENCY	PROJECT		AGENCY	PROJECT
Paid Employees (in FTE's)					
Full-time					
Part-Time					
Contractual (Temporary)					
Volunteers (total number)					

**F. Other Information That Will Be Required if Project is Funded**

[See the Checklist under Instructions for a full list of required documents. Do not submit with your application the documents listed below.](#)

If your application is selected for funding, you will be required to submit the information below:

- 1. Policy & Procedures Manual.** Include policy prohibiting discrimination, grievance procedures, and conflict of interest and substance abuse.
- 2. List of Board of Directors.** Include the name, telephone number, address, and occupation or affiliation of each member. Identify the principal officers of the governing body.
- 3. Designation of Authorized Official.** Consistent with the organization's By-Laws, documentation identifying the person(s) authorized to enter into an agreement with the City on behalf of the organization.
- 4. Organizational Chart.** Include the organization's administrative framework and staff positions.
- 5. Proof of Liability Insurance.**

[See Attachment II of the Instructions for a description of Insurance Requirements.](#)

PROJECT TITLE: \_\_\_\_\_

## **SECTION 5: AUTHORIZATION AND CERTIFICATION**

The applicant hereby assures and certifies that, if this request for funds is approved by the City of Santa Clara, it will comply with all applicable federal, state, and local laws, regulations, policies, and requirements (including, but not limited to, federal OMB Circulars No. A-87, A-102, A-110, and A-122), as they relate to the acceptance and use of federal and local funds by private or public organizations. Furthermore, the organization declares that it is capable of fulfilling the obligations as set forth in this application. Also the applicant assures and certifies the following information:

1. It possesses legal authority to make a grant submission and to execute the proposed project;
2. The agency's governing body has duly adopted or passed as an official act a resolution, motion or similar action authorizing the person identified as the official representative of the corporation to submit this funding application and all associated information and assurances;  
[Attach documentation of authorization by your organization's governing board to submit an application.](#)
3. The grant will be conducted and administered in compliance with:
  - a. Title VI of the Civil Rights Act of 1964 (Public Law 88-352; 42 U.S.C. 2000d *et seq.*), as amended, and implementing regulations issued at 24 CFR Part 1; and
  - b. Title VIII of the Civil Rights Act of 1968 (Public Law 90-284; 42 U.S.C. 3601 *et seq.*), as amended, implementing regulations issued at 24 CFR Part 107, and Executive Order 11063 ; and
  - c. Titles I & II of the Housing and Community Development Act of 1974 (Public Law 93-383; U.S.C. 5301 *et seq.*), as amended; and
  - d. Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112; 29 U.S.C. 794), as amended; and
  - e. Executive Order 11246, the implementing regulations issued at 41 CFR Chapter 60, and the Housing & Urban Development Act of 1968 (12 U.S.C. 1701u), as amended; and
  - f. The Age Discrimination Act of 1975 (Public Law 94-135; U.S.C. 6101), as amended; and
  - g. Presidential Executive Order 13166 ("Improving Access to Services for Persons with Limited English Proficiency"); and
  - h. Executive Orders 11625, 12432 and 12138, encouraging the use of minority and women-owned business enterprises in connection with activities funded under this grant.
4. It will affirmatively further fair housing.
5. It will implement the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), and implementing regulations at 24 CFR Part 35.
6. It will comply with Uniform Federal Accessibility Standards at 24 CFR Part 40, Appendix A, as they related to major rehabilitation or conversion of housing and public facilities.

As a duly authorized representative of the Agency, I submit this application to the City of Santa Clara and certify, under penalty of perjury under the laws of the State of California or other jurisdiction of authority, that the information contained herein is, to the best of my knowledge, true, correct and complete.

[Attach documentation verifying person\(s\) with the authority to submit this application and execute the contract.](#)

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_ TITLE: \_\_\_\_\_



## **SECTION 6: CHECKLIST OF REQUIRED DOCUMENTS**

Below is a list of supporting documents that the applicant Agency is required to furnish either with the application or after notice of award. Submit one copy of each document together with the completed application for funding. The references to the various sections of the application where you can find descriptive details of the required document. Please check the items below to indicate that copies are attached.

### **SECTION II: PROGRAM INFORMATION**

- |   |  |
|---|--|
| <input type="checkbox"/> FEE SCHEDULE (if applicable)                 | <input type="checkbox"/> LIMITED ENGLISH PROFICIENCY POLICY                                      |
| <input type="checkbox"/> PROMOTIONAL MATERIAL (brochure, flyer, etc.) | <input type="checkbox"/> ACCESSIBILITY TO SERVICES AND<br>ACTIVITIES FOR PERSONS @W/DISABILITIES |

### **SECTION III: TARGET POPULATION**

- ☐ CLIENT INTAKE FORM

### **SECTION IV: FINANCIAL INFORMATION**

- |   |   |
|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                    | <input type="checkbox"/> BY-LAWS  |
| <input type="checkbox"/> FEDERAL 501(c) TAX EXEMPT STATUS             | <input type="checkbox"/> STATE 23701d TAX EXEMPT STATUS                     |
| <input type="checkbox"/> 2013-14 FEDERAL SINGLE AUDIT (if applicable) | <input type="checkbox"/> BOARD AUTHORIZATION TO SUBMIT<br>APPLICATION       |
| <input type="checkbox"/> 2013-14 AGENCY AUDIT                      or | <input type="checkbox"/> FINANCIAL STATEMENT plus LETTER OF<br>AUDITABILITY |

### **DOCUMENTS REQUIRED IF AWARDED FUNDING**

- |   |   |
|---|---|
| <input type="checkbox"/> LIST OF BOARD OF DIRECTORS             | <input type="checkbox"/> PERSONNEL POLICIES & PROCEDURES<br>MANUAL                                |
| <input type="checkbox"/> PERSONNEL POLICIES & PROCEDURES MANUAL | <input type="checkbox"/> ORGANIZATION CHART   |
| <input type="checkbox"/> RESUME OF CHIEF EXECUTIVE OFFICER      | <input type="checkbox"/> RESUME OF CHIEF FISCAL OFFICER   |
| <input type="checkbox"/> BOARD AUTHORIZATION                    | <input type="checkbox"/> BOARD AUTHORIZATION OF OFFICIAL TO<br>SIGN AGREEMENT ON BEHALF OF AGENCY |

## ADDENDUM A PUBLIC/AFFORDABLE HOUSING/HOMELESS SUPPORT SERVICES

### A. PROJECT SERVICE SUMMARY (check one only):

1. CONTINUATION OF EXISTING FUNDED PROJECT AT SAME LEVEL \_\_\_\_\_
2. CONTINUATION OF EXISTING FUNDED PROJECT AT REDUCED LEVEL \_\_\_\_\_
3. EXPANSION OF EXISTING FUNDED PROJECT \_\_\_\_\_
4. ONE-TIME PROJECT \_\_\_\_\_
5. SEED PROJECT \_\_\_\_\_
6. EMERGING NEED PROJECT \_\_\_\_\_

### B. PROJECT CATEGORY (check one only):

- |                         |                           |                        |
|-------------------------|---------------------------|------------------------|
| 1. HOUSING _____        | 2. HOMELESS _____         | 3. MENTAL HEALTH _____ |
| 4. TRANSPORTATION _____ | 5. LEGAL ASSISTANCE _____ | 6. VIOLENCE _____      |
| 7. DISABLED _____       | 8. FOOD/NUTRITION _____   |                        |
| 9. OTHER _____          | Describe: _____           |                        |

### C. CLIENT FEES--Attach a list of all enrollment/membership fees, fees for service, and any other fees charged to clients as part of providing services to be funded by City. If no fees are charged, state "No fees charged."

### D. PROJECT PERFORMANCE GOALS (Direct Services)—All public, affordable housing/homeless support services projects must have a goal of clients served and at least one other quantifiable direct service activity (e.g., meals served, rides provided, counseling sessions held) that is to be rendered to a beneficiary:

PRODUCTIVITY (see page v of General Instructions)

1. UNDUPLICATED CLIENTS SERVED \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

PROJECT IMPACT (see page vii of Part One: Completing the Application Form)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### E. BASIS FOR REIMBURSEMENT

1. What Productivity Direct Service will be the basis for reimbursement? \_\_\_\_\_
2. What is your proposed reimbursement rate? \$ \_\_\_\_\_
3. How was that reimbursement rate determined? \_\_\_\_\_

### F. INDIRECT SERVICES--Quantify efforts to enroll, inform and educate clients about your Project direct services (Attach promotional materials describing Project):

- |   |                         |       |
|---|-------------------------|-------|
| 1. INFORMATION AND REFERRAL             | (# of Calls/Contacts)   | _____ |
| 2. INTAKE, SCREENING, NEEDS ASSESSMENTS | (# of Client Contacts)  | _____ |
| 3. COMMUNITY EDUCATION                  | (# of Presentations)    | _____ |
| 4. PROGRAM EVALUATION                   | (# of Clients Surveyed) | _____ |

## PROJECT LINE ITEM BUDGET

This budget (unlike that on page 5, Fiscal Information) should include those revenues and expenses related to the City of Santa Clara Project for which funding is requested in this application, plus non-City revenues. All figures should be annualized. For staff positions to be funded wholly or partly by this grant (CDBG only), submit a complete job description and salary detail (including fringe benefits).

If your agency budget structure makes it impossible to determine the City portion of the Project's cost, please indicate that the budget reflects all Project costs, not just those assigned to the City. If such is the case, please provide an explanation as to how your agency can determine the portion of Project costs to be charged to City.

<b><u>REVENUE</u></b>	<b><u>2016-17</u></b>	<b><u>2015-16</u></b>	<b><u>2014-15</u></b>
<b><u>Description</u></b>	<b><u>Proposed</u></b>	<b><u>Projected</u></b>	<b><u>Actual</u></b>
City of Santa Clara			
TOTAL REVENUE			
<b><u>EXPENSES</u></b>	<b><u>2016-17</u></b>	<b><u>2015-16</u></b>	<b><u>2014-15</u></b>
<b><u>Description</u></b>	<b><u>Proposed</u></b>	<b><u>Projected</u></b>	<b><u>Actual</u></b>
Salaries & Wages			
Fringe Benefits and Taxes			
SUBTOTAL PERSONNEL			
Office Supplies			
Equipment			
Printing			
Telephone			
Travel			
Training			
Advertisement			
Insurance			
Occupancy			
Contract Services			
Direct Payments for Beneficiaries			
Miscellaneous			
SUBTOTAL MATERIAL & SUPPLY			
TOTAL EXPENSES			

## BUDGET NARRATIVE

1. For each line item of the budget, explain any variation in excess of 10% between the Actual FY 2014-15 amount and the Proposed FY 2016-17 amount.
2. What is the alternative plan if City funding is not granted or provided at a reduced amount?
3. What efforts has your organization made to fund this project from other sources?
4. Describe your organization's plan to reduce its dependence from City funding, by leveraging other funds. Be specific as to goals and sources.

## ADDENDUM B AFFORDABLE HOUSING CAPITAL IMPROVEMENT PROJECTS

### A. TYPE OF HOUSING IMPROVEMENT PROJECT (Check all that apply)

- |   |                                     |
|---|-------------------------------------|
| 1. ACQUISITION _____  | 2. NEW CONSTRUCTION _____           |
| 3. REHABILITATION _____                                       | 3. SUBSTANTIAL REHABILITATION _____ |
| 5. EXPANSION OF EXISTING, AGENCY-OWNED HOUSING FACILITY _____ |                                     |

### B. TYPE OF HOUSING TENURE

- |                 |                    |
|-----------------|--------------------|
| 1. RENTER _____ | 2. HOMEOWNER _____ |
|-----------------|--------------------|

### C. PROJECT PERFORMANCE GOALS (Direct Services)—All housing capital projects must have a goal of affordable housing units created/rehabilitated and an estimated timeline for all significant accomplishments required to complete the proposed Project, assuming City funds are available on or after July 1, 2016.

PRODUCTIVITY (see page v of General Instructions)

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

PROJECT IMPACT (see page v of General Instructions)

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

### D. IS THIS REQUEST: A DEFERRED LOAN \_\_\_\_\_ A REPAYABLE LOAN \_\_\_\_\_

If a deferred loan, indicate why the City's funding cannot be repaid from annual project net cash flow: \_\_\_\_\_

If a loan, indicate proposed terms: \_\_\_\_\_

### E. HAS A SPECIFIC SITE BEEN SELECTED? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give address: \_\_\_\_\_

Do you have site control? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe Nature of Site Control: \_\_\_\_\_

(Provide Site Control Documentation) \_\_\_\_\_

### F. WHO IS THE PROJECT DEVELOPER?

- |                         |  |
|-------------------------|--|
| 1. Agency Staff: _____  | (Attach resume(s) of key personnel with experience in similar projects). |
| 2. Outside Staff: _____ | (Attach resume(s) of key personnel with experience in similar projects). |

### G. RELOCATION: Will the project require the relocation of any tenants, including businesses:

- |                 |          |         |
|-----------------|----------|---------|
| 1. Permanently? | Yes ____ | No ____ |
| 2. Temporarily? | Yes ____ | No ____ |

H. DOES YOUR AGENCY QUALIFY AS A COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) UNDER THE HOME PROGRAM? Yes \_\_\_\_ No \_\_\_\_ Not Sure \_\_\_\_

IF NO OR NOT SURE, ARE YOU WILLING AND ABLE TO MEET THE QUALIFICATIONS AS SET FORTH IN FEDERAL REGULATIONS 24 CFR Part 92? Yes \_\_\_\_ No \_\_\_\_

(See Attachment IV for a description of CHDO qualifications)

I. PROVIDE DETAILS OF OWNERSHIP AND MANAGEMENT STRUCTURE:

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J. PRO FORMA: For rental properties, attach an operating statement and cash flow analysis detailing:

1. Number of Units by Size (Bedrooms, Baths, Square Footage)
2. Proposed rent Schedule
3. Operating expenses by category.
4. Provide at least a three year projection of anticipated sources of operating funds.
5. Mortgage and other on-going loan costs
6. Provide a 30-Year cash flow analysis, assuming annual rent increases of 3% and annual operating expenses increases of 4%

#### K. PROJECT LINE ITEM BUDGET

This budget should include only those revenues and expenses related to the Project for which funding is requested in this application. All figures should be for the Total Project.

<b><u>REVENUE</u></b>	<b><u>Funding</u></b>	<b><u>Funding</u></b>
<b><u>Description</u></b>	<b><u>Requests</u></b>	<b><u>Commitments</u></b>
<u>City of Santa Clara</u>	<u>                    </u>	<u>                    </u>
<u>                                    </u>	<u>                    </u>	<u>                    </u>
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<u>                                    </u>	<u>                    </u>	<u>                    </u>
<b>TOTAL REVENUE</b>	<u>                    </u>	<u>                    </u>

**EXPENSES**

<b><u>Description</u></b>	<b><u>Amount</u></b>	<b><u>Total Amount</u></b>
<b>1. <u>PROPERTY ACQUISITION</u></b>		
Purchase Price (Attach Appraisal)		
Holding/Carrying Cost		
Escrow Fees & Charges		
Other (Specify: _____)		
<b>TOTAL ACQUISITION COST</b>		
<b>2. <u>CONSTRUCTION/REHABILITATION</u></b>		
Structures		
Site Preparation/Off-Site Improvements		
Builder's Overhead/Profit		
Contingency		
Environmental Mitigation		
Lead-Based Paint Mitigation		
Other (Specify: _____)		
<b>TOTAL CONSTRUCTION/REHABILITATION COST</b>		
<b>3. <u>SPECIAL SOFT CHARGES</u></b>		
Relocation		
Labor Monitoring (1.5% of Construction Cost)		
Furniture		
Marketing		
Initial Operating Reserve		
Other (Specify: _____)		
<b>TOTAL SPECIAL SOFT CHARGES COST</b>		
<b>4. <u>FEES AND PERMITS</u></b>		
Architect/Engineering Fees		
Environmental Survey & Testing		
City Permits and Fees		
Other (Specify: _____)		
<b>TOTAL FEES AND PERMITS</b>		
<b>5. <u>FINANCE &amp; CARRYING CHARGES</u></b>		
Construction Loan Interest & Points		
Taxes During Construction Period		
Insurance		
Other (Specify: _____)		
<b>TOTAL FINANCE &amp; CARRING CHARGES COST</b>		
<b>6. <u>ORGANIZATION &amp; DEVELOPMENT</u></b>		
Legal Fees		
Developer Fees		
Insurance		
Other (Specify: _____)		
<b>TOTAL ORGANIZATION &amp; DEVELOPMENT COST</b>		
<b>TOTAL PROJECT COST</b>		

## ADDENDUM C NON-HOUSING CAPITAL IMPROVEMENT PROJECTS

### A. TYPE OF CAPITAL IMPROVEMENT PROJECT (Check all that apply)

- |   |                                     |
|---|-------------------------------------|
| 1. ACQUISITION _____                                  | 2. NEW CONSTRUCTION _____           |
| 3. REHABILITATION _____                               | 3. SUBSTANTIAL REHABILITATION _____ |
| 5. EXPANSION OF EXISTING, AGENCY-OWNED FACILITY _____ |                                     |

### B. PROJECT CATEGORY (check one only):

- |                         |                           |                        |
|-------------------------|---------------------------|------------------------|
| 1. HOUSING _____        | 2. HOMELESS _____         | 3. MENTAL HEALTH _____ |
| 4. TRANSPORTATION _____ | 5. LEGAL ASSISTANCE _____ | 6. VIOLENCE _____      |
| 7. DISABLED _____       | 8. FOOD/NUTRITION _____   |                        |
| 9. OTHER _____          | Describe: _____           |                        |

### C. PROJECT PERFORMANCE GOALS (Direct Services)—All non-housing capital projects must have a goal of clients benefiting and an estimated timeline for all significant accomplishments required to complete the proposed Project, assuming City funds are available on or after July 1, 2016.

PRODUCTIVITY (see page v of General Instructions)

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

PROJECT IMPACT (see page v of General Instructions)

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

### D. IS THIS REQUEST: A GRANT \_\_\_\_\_ A LOAN \_\_\_\_\_

If a grant, indicate why the City's funding cannot be repaid: \_\_\_\_\_

If a loan, indicate proposed terms: \_\_\_\_\_

### E. HAS A SPECIFIC SITE BEEN SELECTED? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give address: \_\_\_\_\_

Do you have site control? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe Nature of Site Control: \_\_\_\_\_

(Provide Site Control Documentation) \_\_\_\_\_

### F. FUNDING FOR FUTURE OPERATIONS If this project represents an addition to or expansion of existing operations, detail the anticipated new or increased funding sources that will fund the expanded operations. **Provide at least a three year projection of anticipated operating costs and the funding sources.**

### G. WHO IS THE PROJECT DEVELOPER?

- |                         |  |
|-------------------------|--|
| 1. Agency Staff: _____  | (Attach resume(s) of key personnel with experience in similar projects). |
| 2. Outside Staff: _____ | (Attach resume(s) of key personnel with experience in similar projects). |



H. **RELOCATION:** Will the project require the relocation of any tenants (residential or commercial):

1. Permanently? Yes        No       

2. Temporarily? Yes        No       

**I. PROVIDE DETAILS OF OWNERSHIP AND MANAGEMENT STRUCTURE:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

## J. PROJECT LINE ITEM BUDGET

This budget should include only those revenues and expenses related to the Project for which funding is requested in this application. All figures should be for the Total Project.

<b>REVENUE</b>	<b>Funding Requests</b>	<b>Funding Commitments</b>
<b>Description</b>		
City of Santa Clara		
TOTAL REVENUE		

## **EXPENSES**

<b><u>Description</u></b>	<b><u>Amount</u></b>	<b><u>Total Amount</u></b>
<b>1. <u>PROPERTY ACQUISITION</u></b>		
Purchase Price (Attach Appraisal)	_____	
Holding/Carrying Cost	_____	
Escrow Fees & Charges	_____	
Other (Specify: _____)	_____	
<b>TOTAL ACQUISITION COST</b>		_____
<b>2. <u>CONSTRUCTION/REHABILITATION</u></b>		
Structures	_____	
Site Preparation/Off-Site Improvements	_____	
Builder's Overhead/Profit	_____	
Contingency	_____	
Environmental Mitigation	_____	
Lead-Based Paint Mitigation	_____	
Other (Specify: _____)	_____	
<b>TOTAL CONSTRUCTION/REHABILITATION COST</b>		_____
<b>3. <u>SPECIAL SOFT CHARGES</u></b>		
Relocation	_____	
Labor Monitoring (1.5% of Construction Cost)	_____	
Furniture	_____	
Marketing	_____	
Other (Specify: _____)	_____	
<b>TOTAL SPECIAL SOFT CHARGES COST</b>		_____
<b>4. <u>FEES AND PERMITS</u></b>		
Architect/Engineering Fees	_____	
Environmental Survey & Testing	_____	
City Permits and Fees	_____	
Other (Specify: _____)	_____	
<b>TOTAL FEES AND PERMITS</b>		_____
<b>5. <u>FINANCE &amp; CARRYING CHARGES</u></b>		
Construction Loan Interest & Points	_____	
Taxes During Construction Period	_____	
Insurance	_____	
Other (Specify: _____)	_____	
<b>TOTAL FINANCE &amp; CARRING CHARGES COST</b>		_____
<b>6. <u>ORGANIZATION &amp; DEVELOPMENT</u></b>		
Legal Fees	_____	
Developer Fees	_____	
Insurance	_____	
Other (Specify: _____)	_____	
<b>TOTAL ORGANIZATION &amp; DEVELOPMENT COST</b>		_____
<b>TOTAL PROJECT COST</b> _____		